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1100 - THE AGING INFORMATION MANAGEMENT SYSTEM (AIMS)

POLICY STATEMENT	CCSP uses a computerized management information system (AIMS) to manage program data.
POLICY BASICS	<p>The 1982 Community Care and Services for the Elderly Act requires comprehensive planning, reporting, and coordination of aging services. To perform these functions, the Division of Aging Services operates the Aging Management Information System (AIMS).</p> <p>NOTE: Data entry and computer activities related to CCSP have priority in AIMS.</p> <p>AIMS:</p> <ol style="list-style-type: none"> 1. Manages demographic and service authorization information for all Aging services clients including CCSP clients. 2. Generates reports on care coordination activities at the planning and service area (PSA) level. 3. Matches statewide service authorization information to DMA payment information to ensure proper reimbursement to providers. 4. Automatically removes authorization for services not provided every 90 days even if the provider has not billed for services. <p>Each AAA has a server and personal computer with modem and printer dedicated to AIMS</p>
PROCEDURES	<p>The Division of Aging Services and Information Technology unit provides training for data entry staff, care coordinators and other CCSP staff on AIMS.</p> <p>The AAA enters and maintains data on AIMS for clients at the PSA level. The AAA may delegate this responsibility to the care coordination agency.</p> <ol style="list-style-type: none"> 1. The AAA develops care coordination data entry procedures.

PROCEDURES (contd.)	<p>2. In addition, the AAA develops local, PSA-unique procedures for maintaining AIMS.</p> <p>Care coordinators must check printouts and listings to verify and assure the accuracy of the data entered.</p>
REFERENCES	<p>Appendix 100, Forms and Instructions: Client Registration Report for AIMS; Section 960, SAF Changes</p>

1110 - CLIENT REGISTRATION

POLICY STATEMENT	All CCSP clients who receive care coordination services must be registered in the Aging Information Management System (AIMS).
POLICY BASICS	<p>The care coordinator uses the “Basic Client Intake Screen” to register each CCSP client in the AIMS. The “Basic Intake Screen” function establishes a Master Client Record, adds a record for each new client and updates information for existing clients. There is only one Master Client Record in AIMS for clients regardless of the service(s) they are receiving.</p> <p>The following are minimum data required to register a client in AIMS:</p> <ul style="list-style-type: none">• First and last name• Residential address• Mailing address• Social Security number (SSN), if available.• NOTE: Do not register clients in AIMS until they receive SSNs.• Medicaid and Medicare numbers, if available• Phone number• Client’s gender• Client’s race• Client’s date of birth• Care coordinator’s name• Assessment/LOC date• NSI Checklist score• Eligibility type.

PROCEDURES	<p>After a PMAO client receives a Medicaid number, update the client's Medicaid number and CCSP Eligibility in AIMS. The client's Medicaid number must be entered prior to service authorization data. Enter the client's name exactly as it appears on the Medicaid card even if the spelling is incorrect.</p> <p>Use the Client Registration Report for AIMS to determine the required data elements for registering a client in AIMS.</p> <p>AAAs and care coordinators use the procedures in Chart 1110.1 below for clients unable to provide their social security numbers:</p>
Chart 1110.1 - Registering Clients Without Social Security Numbers	
IF	THEN
Client has no SSN when beginning care coordination	Client applies for SSN with the Social Security Administration (SSA) before receiving CCSP services reimbursed by Medicaid. Care coordinator verifies that client has applied for a SSN.
PROCEDURES (contd.)	<p>Use these procedures to register a new CCSP client in the AIMS:</p> <ol style="list-style-type: none"> 3. Print the Client Registration Report for AIMS from in CHAT. <ul style="list-style-type: none"> • Review LOC, MDS-HC and CCP. Most of the information needed to register client appears on these forms. • Complete mandatory fields that CHAT does not complete automatically. • Request the AIMS data entry person to enter the information into AIMS and initial the report to indicate that the information has been entered. 4. File the initialed Client Registration Report for AIMS in the client record. <p>When client information changes, update CHAT and use the Client Registration Report for AIMS to update AIMS.</p>
REFERENCES	Chapter 700, Care Management

1120 - SERVICE AUTHORIZATION

POLICY STATEMENT	Service authorization for CCSP services is accomplished through an electronically generated Service Authorization Form (SAF) in the Aging Information Management System (AIMS).
POLICY BASICS	<p>The "Activities/Client/Enter SAF" function generates initial and revised SAFs for each client in AIMS.</p> <p>NOTE: The SAF reflects only the units of service to be reimbursed by Medicaid.</p> <p>The SAF for a specific month may be revised as often as necessary. The computer assigns a version number to the SAF each time service authorization data is entered or changed for a specific month. The version number begins with the number (1). The computer increases the number by one each time data for that month is updated on the SAF. The version number is printed on the SAF.</p> <p>SAF data is entered at the PSA level. DHR uses the information to authorize the payments DMA makes to CCSP providers. The Division provides this authorization data to DMA on a weekly basis (on Thursdays) to ensure that DMA payments to CCSP providers are within authorized amounts.</p> <p>Care coordinators may generate SAFs up to three months in advance, or on a monthly basis.</p> <p>SAFs are printed one at a time and need to be copied. Revised SAFs are generated by the computer also.</p>
PROCEDURES	<p>To authorize services for a SSI Medicaid client, send the initial SAF within three business days of receipt of the initial CCNF from the provider(s).</p> <p>For a MAO client, generate the initial SAF within three business days after receiving the Community Care Communicator (CCC), Form 5590.</p> <p>Use the following procedures to generate an initial SAF:</p> <ol style="list-style-type: none"> 1. Complete the Initial Service Authorization Data Entry Form to enter initial service data for a client. Enter all

PROCEDURES (contd.)	<p>Medicaid reimbursable services authorized on the form and submit for data entry into AIMS.</p> <ol style="list-style-type: none">2. Request the data entry operator to return SAFs generated from AIMS.3. Check each printed SAF for accuracy. Return incorrect SAFs to data entry for correction.4. Sign the SAF if it is correct.5. Distribute the copies as follows:<ul style="list-style-type: none">• File the original SAF in client file. <p>NOTE: AIMS only prints the most recent version of the SAF.</p> <ul style="list-style-type: none">• Forward a copy of the SAF to each provider listed on the SAF regardless of whether the provider has units. <p>Use the following procedures to generate changes to SAFs:</p> <ol style="list-style-type: none">1. Revise the SAF to update services authorized for a client. Changes which require a new SAF include the following:<ul style="list-style-type: none">• Adjustments in monthly units of service• Increases or decreases in client cost share• Re-assignment of client cost share• Deletion or addition of a service.2. Enter hand written new data on a copy of the most recent computer-generated SAF for the service month that needs to be revised.3. Send the copy with the hand written changes to the data entry operator to generate the new SAF in AIMS. The data entry person does the following:<ul style="list-style-type: none">• Enters the revised data• Initials the source document• Checks the computer printouts against the source
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PROCEDURES (contd.)	<p>document</p> <ul style="list-style-type: none">• If the computer-generated SAF is correct , sends it and the source document to the care coordinator. <ol style="list-style-type: none">4. Check the revised SAF for accuracy. Return an incorrect SAF to data entry staff for correction.5. Sign correct SAFs.6. Distribute copies. <p>The care coordinator and the data entry person have three months after the end of a service month to make changes to the SAF before deauthorization occurs. During this three-month period, deauthorize in AIMS any services that were authorized but not delivered.</p> <p>NOTE: All SAFs including SAFs that a provider has not billed against will deauthorize 3 months after the end of the service month.</p> <p>AIMS will automatically deauthorize all services authorized beyond a client's termination date after the termination date is entered.</p>
REFERENCES	<p>Chapter 700, Care Management; Chapter 900, Ongoing Activities; Appendix 100, Forms and Instructions</p>

1130 - AUTOMATED DEAUTHORIZATION PROCESS

POLICY STATEMENT	Client services authorized on an SAF, but not billed by the provider, are deauthorized every ninety days. Deauthorization occurs automatically in AIMS.
POLICY BASICS	<p>Automatic deauthorization allows the Division to:</p> <ul style="list-style-type: none"> • Compare monthly SAF data to DMA monthly payment records • Monitor any differences between the units of service a care coordinator authorized and the amount DMA paid to the provider • Automatically reduce the amount a care coordinator authorized for CCSP services to equal the amount paid to the provider for the services. <p>EXAMPLE: A care coordinator authorized 10 units of service for the month of January 2000. The provider billed DMA for 8 units in February 2000. DMA reimbursed the provider in March 2000 for 8 units. In April 2000 the system automatically reduced the number of units authorized on the SAF for January 2000 to 8 units.</p> <p>SAFs generated by the automated deauthorization process have the word “Deauthorization” at the top.</p>
PROCEDURES	<p>The Information and Technology (IT) updates AIMS with DMA payment data. Data entry personnel print deauthorization SAFs after IT notifies them that AIMS is updated.</p> <p>Care coordinators check each deauthorized SAF, initial it if it is correct, and file the original in client case record. If the deauthorization is not correct, care coordinators may adjust SAFs after the deauthorization occurred at the local level. After one year, call the DAS CCSP accounting technician at (404) 657-5297 to request an override.</p> <p>Care coordinators send a copy of the deauthorization to the affected provider(s) for information purposes and to assist with billing problems.</p>
PROCEDURES (contd.)	

	A care coordinator contacts the IT Section if there are any problems with the deauthorized SAFs that do not involve override procedures.
REFERENCES	Chapter 900, Ongoing Activities

1140 - AIMS REPORTS

POLICY STATEMENT	AIMS compiles and prints reports that the AAA and care coordinator use to assist with managing the CCSP.
POLICY BASICS	Chart 1140.1 lists the names and functions of each report generated by AIMS.

Chart 1140.1 - Computer Generated Reports	
REPORT	FUNCTION
Service authorization Summary	<p>Provides the following information:</p> <ul style="list-style-type: none"> • Amount authorized , client liability and net amount for each client during particular state fiscal year. • Totals by care coordinator and by PSA. • Client name, Medicaid Number, Anniversary Date Services End Date. • Client list in alphabetical order grouped by care coordinator. <p>Care coordinators use this report to determine if SAFs are up to date. AAAs use this report to provide expenditure and average YTD month cost information for the CCSP monthly report.</p>
Monthly SAF Summary	Prints the total number of units and dollars authorized by service procedure and PSA for a specified month.

CHART 1140.2 - CODES USED IN CCSP AIMS

SEX:	F - Female	M - Male	
RACE:	A - Asian/Pacific Is. N - Native American W – White	B – Black O - Other	H – Hispanic U - Unknown
PSA:	Unique to each PSA. Supplied by the system.		
CARE COORDINATOR:	Unique to each PSA. Assigned by the PSA.		
COUNTY:	Unique to each county. Supplied by the system.		
MEDICAID #:	Nine (9) characters with a suffix: "1D00" for some MAO disabled clients "P" for most MAO clients "S" for SSI		
MEDICARE #:	Unique to the individual.		
ELIGIBILITY TYPE: 180	180	Potential MAO clients in the 180 day spend down period	
	LOS	Potential MAO clients meeting the length of stay	
	MAO	"P" suffix on the Medicaid number	
	OTH	Anyone not in the above categories	
	SSI	"S" suffix on the Medicaid number	
LEVEL OF CARE:	1	Intermediate Care Facility (ICF)	
TERMINATION REASONS:	Care coordinator determines no longer appropriate/eligible Client dies Client enters long-term care facility Client moves out of state Client requests termination No service in 60 days Other Utilization Review recommended discharge		
UNASSIGNED PSA:	Indicates transfer from one PSA to another.		